	WV-131
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
<del>-</del>	
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF:	
DEFENDANT:	
EMPLOYEE:	
	CASE NUMBER:
PROOF OF SERVICE OF COMPLETED RESPONSE (Workplace Violence)	
SERVICE BY MAIL	
<b>Instructions to Defendant:</b> After having the plaintiff served by mail with any of the docume who mailed the documents complete this Proof of Service by Mail. Give the completed Proof You cannot serve these papers. An unsigned copy of the Proof of Service by Mail should be	of Service by Mail to the clerk for filing.
1. I am over the age of 18 and <b>not a party to this legal action.</b> I am a resident of or employ occurred. My residence or business address is <i>(specify)</i> :	yed in the county where the mailing
<ul> <li>2. I served a copy of the following documents:</li> <li>a completed Response to Petition of Employer for Injunction Prohibiting Violence (form WV-110)</li> <li>b other (specify):</li> </ul>	or Threats of Violence Against Employee
<ol> <li>I deposited a true copy of each of the foregoing documents in the United States mail, in a The envelope was addressed and mailed as follows:         <ul> <li>Name of person served:</li> </ul> </li> </ol>	sealed envelope with postage fully prepaid.
b. Address:	
c. Date of mailing:	
d. Place of mailing (city and state):	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Date:	
<b>)</b>	
(TYPE OR PRINT NAME)	(SIGNATURE)

(Proof of personal service on reverse)